Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUB INC

Account Number : I20240000012

: (954)866-9393 Fax Number : (954)866-9394

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BALBEL LLC

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| Certified Copy | 0 |
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| Estimated Charge | \$25.00 |

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ŧ. | | | |
|---|---|--|---------------------|
| | BALBEL LLC | | |
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears onted Liability Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on | 07/12/2021 | and assigned |
| Florida document numberL21000318171 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | Hability company here | : | |
| SMILES LODGING LLC | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the desig | gnation "LLC" or the abl | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRES. | <u></u> | ······································ | |
| | | | 202 |
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| Enter new mailing address, if applicable: | | 5 ° | |
| Mailing address MAY BE A POST OFFICE BOX) | | ;= | 5 |
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| | | · = | ر بو ۲ |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | lice address on our reco | rds, <u>enter the name</u> | of the new regis |
| | HIARL CALL | | |
| Name of New Registered Agent: | JUAN CAMILI | O BELALCAZAR | |
| New Registered Office Address: | 8016 N | W 105TH CT | |
| | Enter Florida | street address | |
| | DORAL | Florida | 33178 |
| | City | | Zlp Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

.From: 9548669394 Mon Jul 15 17:48:59 2024

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|----------------------------------|----------------|
| MGR | JEAN CARLOS BALCAZAR | 8016 NW 105th Ct, Doral FL 33178 | |
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|). If amending any other information, en | ter change(s) here: (Attach | additional sheets, if necessary.) |
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| E. Effective date, if other than the date of (If an effective date is listed, the date must be speci- <u>Note:</u> If the date inserted in this block does document's effective date on the Department | not meet the applicable statuto | (optional) ing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1 ry filing requirements, this date will not be listed as the |
| f the record specifies a delayed effective date, b ecord is filed. | ut not an effective time, at 12:0 | 1 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 2024 | |
| | | ~ ≥. |
| Signatur | e of a member or authorized repres | entative of a member |

Typed or printed name of signee

Filing Fee: \$25.00

JUAN CAMILO BELALCAZAR